



Toll Free # 1-800-771-1204

<http://www.doh.wa.gov/hsqa/fsl>

RESIDENTIAL TREATMENT FACILITY LICENSE APPLICATION

Mail to: Department of Health

Revenue Section

PO Box 1099

Olympia, WA 98507-1099

Facility Name: _____
(as advertised on signs, letterhead, business name, website, etc.)

Street Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

E-mail Address: _____

Contact Person (the person responsible for the day-to-day operation):

Name: _____ Title: _____

Telephone: _____ Fax: _____

Total Number of Licensed Beds: _____

Check all service categories provided:

Chemical Dependency: ☐ Acute Detoxification ☐ Sub-Acute Detoxification

☐ Intensive Inpatient ☐ Long-Term Treatment ☐ Recovery House

Mental Health: ☐ Adult Residential ☐ Inpatient E&T ☐ Child Long-Term Inpatient

☐ Child Inpatient Evaluation and Treatment

Do you have a campus of two or more buildings? ☐ No ☐ Yes If yes, please attach a list of each building's name, address, and phone numbers.

Are the treatment services certified? ☐ JCAHO ☐ DASA ☐ MHD ☐ Other _____

Date opened (new facility): _____

Date of sale closed/transferred (change of ownership/operator/licensee): _____

Return the following to the above address:

- ☐ Signed Application/UBI (this two-sided form)
- ☐ Copy of Master Business License
- ☐ Applicable licensing fee (see licensee fee table below)
- ☐ Room list identifying resident rooms, dimensions, and calculated square footage of each room, and number of approved bed spaces. (Submit for each building.)
- ☐ Reduced floor plan on letter size paper with identification of each room within the facility. (Submit for each building)
- ☐ Criminal history background check and disclosure statement for the contact person in accordance with RCW43.43.

Admin Processing & Application
Fee \$150

License fee is \$139.90/bed.
(payable in US funds)

It is a violation of Washington State Law to operate without a current license.

Licenses are not transferable.

Please complete and sign the reverse side.



DOH Form 505-023 (12/05)

Revenue Use Only

Facility Name _____

1F 0597634110 02073

Please fill in your master business license number also known as Uniform Business Identifier Number (UBI#) in the spaces below. Your number looks similar to this **600, 601, or 602-000-000**. If you DO NOT have a master business license number, please contact the Washington State Department of Licensing at (360) 664-1400.

WASHINGTON UBI# _____ - _____ - _____

Please enclose a copy of your current Master Business License that reflects the above UBI#.

BUSINESS STRUCTURE (check one of the following):

☐ Sole Proprietor

Print Name

Print Name

☐ Partnership ☐ Limited Partnership ☐ Limited Liability Partnership ☐ Corporation ☐ Limited Liability Corporation

Partnership, LLP, LLC, Corporation Name

List of Controlling Officers, Partners, Members, Managers and Title: (Attach additional pages if needed):

Print Name

Title

Print Name

Title

Print Name

Title

Print Name

Title

This application without a signature will be returned.

I certify that I have received, read, understand, and agree to comply with chapter 71.12 RCW and chapter 246-337 WAC regulating this licensing category. I also certify that the information herein submitted is true to the best of my knowledge and belief.

Signature of Authorized Representative

Print Name/Title

Date

SAMPLE FORM

DISCLOSURE STATEMENT

I, _____ have never been:

1. Convicted of any crime against children or other persons;

Aggravated murder; first or second degree murder; first or second degree kidnapping; first, second, third degree assault; first, second, or third degree assault of a child; first, second, or third degree rape; first, second, or third degree rape of a child; first or second degree robbery; first degree arson; first degree burglary; first or second degree manslaughter; first or second degree extortion; indecent liberties; incest; vehicular homicide; first degree promotion prostitution; communication with a minor; unlawful imprisonment; simple assault; sexual exploitation of minors; first or second degree criminal mistreatment; child abuse or neglect as defined in RCW 26.44.020; first or second degree custodial interference; malicious harassment; first, second, or third degree child molestation; first or second degree sexual misconduct with a minor; patronizing a juvenile prostitute; child abandonment; promoting pornography; selling or distributing erotic material to a minor; custodial assault; violation of child abuse restraining order; child buying or selling; prostitution; felony indecent exposure; criminal abandonment; or any of these crimes as they be rename in the future.

2. Convicted of crimes relating to financial exploitation if the victim was a vulnerable adult;

A conviction for first, second, or third degree extortion; first, second, or third degree theft; first or second degree robbery; forgery; or any of these crimes that may be renamed in the future. A vulnerable adult is an adult who lacks the functional, mental, or physical ability to care for themselves.

3. Convicted of crimes related to drugs;

A conviction of a crime to manufacture, deliver, or possession with intent to manufacture or deliver a controlled substance.

4. Found in any dependency action under RCW 13.34.040 to have sexually assaulted or exploited any minor or to have physically abused any minor;

5. Found by a court in a domestic relations proceeding under Title 26 RCW to have sexually abused or exploited any minor or to have physically abused any minor;

6. Found in any disciplinary board final decision to have sexually or physically abuse or exploited any minor or developmentally disabled person or to have abused or financially exploited any vulnerable adult;

Any final decision issued by a disciplining authority under chapter 18.130 RCW or the secretary of the department of health for the following businesses or professions: chiropractic, dentistry, dental hygiene, massage, midwifery, naturopathy, osteopathic medicine and surgery, physical therapy, physicians, practical nursing, registered nursing, and psychology.

7. Found by a court in a protection proceeding under chapter 74.34 RCW, to have abused or financially exploited a vulnerable adult.

The illegal or improper use of a vulnerable adult or that adult's resources for another person's profit or advantage.

Employee signature: _____ Date: _____

Witness signature: _____ Date: _____

ROOM LIST

NAME OF FACILITY:_____

FACILITY SITE ADDRESS:_____

[illegible]